



AGENCY INTEREST # _____

**LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY
FINANCIAL SERVICES DIVISION
POST OFFICE BOX 4303
BATON ROUGE, LOUISIANA 70821-4303**

**ONE DAY TRASH BASH/LOCAL GOVERNMENT CLEAN-UP
APPLICATION FORM**

Applicant Information (Print Legibly or Type)

DEQ Temporary ID No. _____
(Assigned by DEQ)

Authorized Transporter: _____

Permitted Processor: _____

PLEASE COMPLETE THE FOLLOWING INFORMATION IN PRINT AND RETURN TO THE ADDRESS ABOVE

Government/Organization Name:	Temporary Collection Area Address:	
Mailing Address:	Contact Name:	
City:	Contact's Phone No:	Contact's Fax No:
State/Zip:	Proposed Event Day:	

IV. Certification

I have personally examined and am familiar with the information submitted in this document, and hereby certify under penalty of law that this information is true, accurate, and complete to the best of my knowledge. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature: _____

Date: _____

